



**Maryland Department of Health and Mental Hygiene  
Center for Immunization  
Health Education Materials Order Form**

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Order Date \_\_\_\_\_

**To order: fax this form to 410-799-1370 or call 410-799-1940**

*Please print clearly. All orders shipped via UPS ground. Please allow 1 week for delivery.*

Item	Item	Order Limit	Quantity
<b>F100</b>	Immunization Record (Black Book)	—	
F101	Adult Immunization Cards	—	
F102	DHMH Form 896 - Immunization Certificate	—	
F103	Maryland Recommended Childhood & Adolescent Immunization Schedule	3	
F105	Vaccine Administration Record	200	

	<b>Vaccine Information Statements - Additional languages are available upon request.</b>		
V100	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Multiple Vaccine VIS (optional substitute for any or all of the routine birth - 6 month vaccine VISs - DTaP, IPV, Hib, PCV, Hepatitis B, and Rotavirus)	<b>1 camera-ready set</b>	